FORENSIC PSYCHIATRY - I

Experts Meeting at Srinagar on 03072026:

1. Dr Suresh Bada Math (Team Lead)
2. Dr Vijaykumar Harbishettar
3. Dr Ranganath Kulkarni
4. Dr P Lokeswara Reddy
5. Dr Shyamanta Das (Team Convenor)
6. Dr Syed Mehvish

Among the five members, five subtopics are distributed and are as follows:

1. Civil responsibility by Vijaykumar Harbishettar constituted of: Marriage, divorce, job related (fitness to job), voting rights, adoption, child custody, property, testamentary capacity, parental alienation syndrome
2. Criminal responsibility by P Lokeswara Reddy constituted of: Prison mental health, crime, murder, fitness to stand trial, insane, fitness to execute, can be hanged, present mental health, victims' rights, violence risk assessment
3. Mental health related acts by Ranganath Kulkarni constituted of: Mental Health Care Act 2017, RPwD Act 2016
4. Other acts by Suresh Bada Math constituted of: National Trust Act, NDPS Act, POSH Act, POCSO Act, Juvenile Justice Act (observational home)
5. Miscellaneous by Shyamanta Das constituted of: Senior citizen, domestic violence, victims (rights, PTSD, family members), organ transplantation, digital data protection, transgender, HIV/AIDS, license of fire arms

On 3rd July 2026 at Sher-I-Kashmir Medical Sciences (SKIMS) Medical College Hospital, Srinagar, after a day-long (9:00 AM – 5:00 PM) brainstorming session of small- and large-group discussions, the following details on the above-mentioned broad headings came up:

01	**Mental Capacity and Culpability in Juvenile Offenders**
	Research Gap: While Section 15 of the Juvenile Justice Act requires a "preliminary assessment" of the **mental and physical capacity** of children aged 16–18 to commit heinous offences and their ability to understand consequences, there is a lack of standardized psychiatric protocols and empirical data on how these assessments are clinically conducted in the Indian context. **Research Questions:** What are the neurocognitive and psychiatric profiles of juveniles (16–18 years) undergoing preliminary assessment for heinous offences? How do factors like IQ, impulse control, and "culpable mental state" correlate with their social background? **Objectives of the Study:**

	1. To profile the psychiatric comorbidities (e.g., Conduct Disorder, ADHD) in juveniles accused of heinous crimes. 2. To evaluate the relationship between cognitive maturity (IQ) and the "ability to understand consequences" as mandated by law. **Study Design:** Cross-sectional, descriptive study involving juveniles referred by the Juvenile Justice Board for psychiatric evaluation.
02	**Preliminary Assessments in Juvenile Offenders**
	Research Gap: While Section 15 of the Juvenile Justice Act requires a "preliminary assessment" of the **mental and physical capacity** of children aged 16–18 to commit heinous offences and their ability to understand consequences **Research Questions:** What are the challenges faced by the psychiatrist during the preliminary assessments? How much is this assessment implemented in the true spirit of the JJ Act? How many of the Juvenile in conflict with law have mental disorders? **Objectives of the Study:** 1. To profile the psychiatric comorbidities in juveniles in conflict with the law. 2. To explore the challenges in preliminary assessments 3. What recommendations can be proposed for amendment in preliminary assessments? **Study Design:** Cross-sectional, descriptive study involving juveniles referred by the Juvenile Justice Board for preliminary assessments.
03	**Follow-up of Juveniles in Conflict with the Law**
	Research Gap: To understand the psychosocial rehabilitation of **Children in Conflict with the Law (CICL)** under the Juvenile Justice (Care and Protection of Children) Act of India, you can design research studies around institutional tracking, post-release integration, and ecosystem mapping. **Research Questions:** Because the longitudinal data on these **Children in Conflict with the Law (CICL)** is limited, primary field research is essential to uncover which bio-psycho-social variables help or hinder their integration into the community. **Objectives of the Study:** 1. To explore the bio-psycho-social variables in juveniles in conflict with the law. 2. Which variables hinder the successful integration of juveniles in conflict with the law? 3. Which variables hamper the successful integration of juveniles in conflict with the law? 4. What recommendations can be proposed for amendment in the JJ Act in the best interest of the children? **Various Study Designs that can be considered** a) **Longitudinal Tracking Studies:** Follow-up of a cohort of children from their time in Special Homes through 1–3 years post-release to measure social integration. b) **Longitudinal Catch-up Studies:** Cross-sectional studies of juveniles in conflict with the law after post-release to measure social integration.

	c) **Comparative Case Studies:** Compare the psychological well-being of children who underwent institutional care versus those placed in community-based non-custodial care. d) **Phenomenological Interviews:** Conduct qualitative, semi-structured interviews with rehabilitated individuals to capture their lived experiences in their own words. e) **Stakeholder Ecosystem Mapping:** Evaluate the gaps between intention and reality by interviewing Juvenile Justice Boards (JJBs), Probation Officers, and Child Welfare Committees
04	**Impact of Milieu-Based Interventions in Child Care Institutions**
	Research Gap: The Juvenile Justice Rules mandate "milieu-based interventions" as a recovery process in institutions to ensure that children move beyond their negative experiences. However, the actual impact of these environmental and individual therapies on a child's **psychosocial profile** is rarely quantified in institutional settings. **Research Questions:** Does the implementation of a structured milieu-based intervention significantly improve the "psycho-social profile" of children in institutional care over six months?. **Objectives of the Study:** 1. To measure changes in the emotional and social development of institutionalised children following milieu therapy. 2. To identify barriers to providing "individual therapy" as a critical mental health intervention within Child Care Institutions. **Study Design:** Prospective longitudinal study (pre- and post-intervention) using the psychosocial assessment forms (e.g., Form 7 or Form 13) provided in the JJ Rules.
05	**Psychiatric Outcomes in Adoption Disruption and Dissolution**
	Research Gap: Adoption rules define "disruption" and "dissolution" due to **non-adjustment** of the child with the family. While the law emphasizes "emotional readiness" and "genetic factors" during home studies, there is a gap in research regarding the psychiatric predictors of failed adoptions in India. **Research Questions:** What are the prevailing psychiatric conditions (e.g., Attachment Disorders) in children who experience adoption disruption? How do the "emotional equipment" and "parenting attitudes" of prospective parents influence adjustment outcomes?. **Objectives of the Study:** 1. To identify psychiatric risk factors in children and parents that lead to adoption "disruption" or "dissolution." 2. To evaluate the efficacy of mandatory pre-adoption counselling in preparing parents for "special needs" children. **Study Design:** Retrospective case-control study comparing "successful" placements with "disrupted" placements.
06	**Guardianship and Quality of Life in Severe Neurodevelopmental Disorders**
	Research Gap: The National Trust Act provides for legal guardianship for persons with Autism, Cerebral Palsy, and Intellectual Disability. There is a research gap in comparing

	the mental health outcomes and quality of life of persons with **"severe disability"** (80% or more) under parental guardianship versus institutional guardianship. **Research Questions:** How does the type of legal guardian (relative vs. registered organization) affect the rate of psychiatric secondary complications (e.g., depression, self-harm) in adults with Autism or Multiple Disabilities?. **Objectives of the Study:** 1. To assess the variables that determine different types of guardianship sanctioned by Local Level Committees. 2. To develop a standard assessment tool for deciding guardianship 3. To assess the "quality of life" of wards under different types of guardianship sanctioned by Local Level Committees. 4. To identify patterns of "abuse or neglect" by guardians as clinically observed in psychiatric practice. **Study Design:** Comparative cross-sectional study.
07	**Substance Abuse Rehabilitation Outcomes for Juveniles**
	Research Gap: Section 93 of the JJ Act allows for the transfer of children addicted to drugs to psychiatric hospitals or rehabilitation centres. However, the clinical effectiveness of these transfers and the subsequent "social reintegration" of juvenile addicts are not well-documented. **Research Questions:** What are the clinical and behavioural outcomes of juvenile addicts following their removal to a psychiatric hospital or "Integrated Rehabilitation Centre for Addicts" (IRCA)?. **Objectives of the Study:** 1. To evaluate the reduction in "behavioural changes" and withdrawal symptoms in juveniles post-rehabilitation. 2. To study the follow-up "Rehabilitation Card" records to assess long-term sobriety and social reintegration. **Study Design:** Cohort study following juveniles from initial production before the Board to six months post-rehabilitation.
08	**Developmental and Psychiatric Profiling of "Older Children" Awaiting Adoption**
	Research Gap: The regulations define an **"older child"** as one who has reached age 5. While the Medical Examination Report (Schedule III) assesses basic motor, language, and emotional milestones, it does not require a formal psychiatric diagnostic screening for trauma-related or neurodevelopmental disorders that often affect institutionalized children. **Research Questions:** What is the prevalence of undiagnosed psychiatric disorders (e.g., PTSD, ADHD) in older children (5–18 years) declared **"legally free for adoption"**? How do institutional "milieu" factors and "attachment/relationship" histories influence their "psychosocial profile"? **Objectives of the Study:** 1. To perform a comprehensive psychiatric screening of older children in Specialised Adoption Agencies (SAAs).

	2. To correlate the duration of institutional care with the severity of "adjustment difficulties" noted during the matching process with PAPs. **Study Design:** Cross-sectional, descriptive study. **Population Subjects:** Children aged 5–18 years residing in SAAs who have been declared legally free for adoption by the Child Welfare Committee
09	**Clinical Outcomes of Court-Mandated De-addiction (Section 39)**
	Research Gap: Section 39 of the NDPS Act allows a court to release an "addict" (defined as a person dependent on narcotic drugs or psychotropic substances) found guilty of certain offences to undergo medical treatment for detoxification or de-addiction in a recognised institution. Section 64A provides **immunity from prosecution** to addicts who voluntarily seek and undergo complete medical treatment for de-addiction for offences involving "small quantities" or consumption. While the law provides this therapeutic alternative to imprisonment, there is a lack of empirical data on the long-term psychiatric outcomes and relapse rates of patients specifically referred through this judicial pathway. **Research Questions:** • What is the 12-month sobriety rate among addicts released for treatment under Section 39 read with Section 64A compared to those who undergo standard voluntary treatment? • How do factors like "age, character, and mental condition" (specified in the Act) influence treatment completion? • What are the psychiatric characteristics (motivation levels, severity of dependence) of addicts who volunteer for treatment under Section 64A? Does the threat of withdrawing immunity (if treatment is not completed) significantly improve treatment retention rates? **Objectives of the Study:** a. To profile the psychiatric morbidity of addicts seeking immunity under Section 64A. b. To compare treatment outcomes between "voluntary" patients and "immunity-seeking" patients c. To evaluate the rate of successful detoxification and treatment completion in court-mandated patients. d. To identify psychiatric predictors (e.g., co-morbid personality disorders) of non-compliance with the court-ordered bond **Population Subjects:** Addicts released on a bond by the court for medical treatment under Section **Study Design:** a) Prospective longitudinal cohort study. b) Catch-up cross-sectional study (follow-up of post-release study).
10	**Criminalisation of Bonafide Medical**
	Research Gap: The most significant threat is the lack of distinction between a drug peddler and a registered medical practitioner (RMP) under the NDPS Act for storing and dispensing medications by psychiatrists. High-profile arrests of psychiatrists prescribing Opioid Substitution Therapy (OST) drugs like buprenorphine have sent

	"shockwaves" through the community, driving many to stop storing, prescribing, and offering de-addiction treatments entirely out of fear. There is a lack of data on the perceived threat and apprehension by psychiatrists regarding the criminalisation of psychiatrists under the NDPS Act. **Objectives of the Study:** To systematically study psychiatrists' perceived threats and apprehensions regarding criminalisation under the NDPS Act, research must look beyond basic statistics. It needs to investigate the legal, clinical, behavioural, and systemic dimensions of this crisis. **Research Questions:** • How has the fear of criminalisation under the NDPS Act influenced psychiatrists' willingness to prescribe specific psychotropic substances regulated under the NDPS Act (e.g., buprenorphine)? • What specific defensive medicine behaviours (e.g., under-dosing, strictly restricting prescription days, completely refusing substance-use patients) are psychiatrists adopting to avoid legal scrutiny? • How does the apprehension of legal trouble affect the referral patterns of substance abuse patients from private clinics to government-run de-addiction centres? • Does the fear of criminalisation deter early-career doctors or post-graduate medical students from specializing in Addiction Psychiatry? • What is the impact of doctors' defensive prescribing patterns on the treatment adherence and relapse rates of patients with severe substance use disorders? • How has the tightening of NDPS regulations influenced the black-market demand for psychotropic medications among patients who can no longer secure legal prescriptions? **Population Subjects:** Psychiatrists **Study Design:** Cross-sectional study, in-person or online survey
11	**Psychological Impact and Clinical Adherence to Mandatory Reporting under Section 19**
	Research Gap: Section 19 mandates that any person with knowledge or apprehension of a sexual offence against a child must report it to the Special Juvenile Police Unit or local police. Section 19 raises the conflict between clinical confidentiality and the legal mandate for mandatory reporting (enforced with penalties under Section 21), which remains a significant concern for mental health professionals. To know the impact of Sec 19 on providing mental healthcare for child sexual abuse survivors. **Research Questions:** What are the primary psychiatric and ethical barriers faced by mental health professionals when complying with the mandatory reporting requirements of Section 19? **Objectives of the Study:** • To measure the acute psychological distress (using standardized trauma scales) in children during the first 24 hours of reporting an offence to the Special Juvenile Police Unit

	• To explore the challenges faced by the psychiatrist during the provision of mental healthcare to child sexual abuse survivors. • To explore the impact of mandatory reporting under sec 19 on the quality of care received by the child sexual abuse survivors. • To assess the awareness and attitudes of psychiatry residents regarding their legal immunity for reporting in "good faith" versus the punishment for failure to report **Study Design:** Mixed-methods study (prospective observational study of child victims and a cross-sectional survey of psychiatric practitioners). **Population Subjects:** • Children (below 18 years) who have recently provided information under Section 19 and are referred for medical examination or care • Psychiatry residents and consultants responsible for clinical evaluations of suspected victims.
12	**Psychiatric Morbidity Following Aggravated Sexual Assault**
	Research Gap: Section 2(1)(da) and Section 5/6 of the Protection of Children from Sexual Offences (POCSO) Act explicitly recognize that aggravated sexual assault can cause severe mental illness or functional impairment that renders a child unable to perform age-appropriate, regular tasks. Furthermore, the POCSO Rules mandate financial compensation for "mental trauma." However, a critical gap exists between law and clinical practice: India lacks a standardized, objective, and legally admissible clinical framework to measure, grade, and quantify this psychological trauma. Currently, compensation is often awarded arbitrarily based on judicial discretion rather than empirical, trauma-informed psychiatric evaluation. There is an urgent need to translate "mental trauma" into measurable metrics of psychiatric morbidity and functional disability. **Research Questions:** • What is the prevalence, diagnostic profile, and severity of psychiatric morbidity (e.g., PTSD, MDD, Anxiety Disorders) among child survivors of aggravated sexual assault? • Can a standardized, reliable, and legally valid objective rating protocol be established to quantify psychological trauma and functional impairment to assist Special Courts in determining fair compensation? **Objectives of the Study:** 1. To evaluate and document the formal psychiatric diagnostic profile (utilizing ICD-11 / DSM-5-TR criteria) of child survivors referred for medical and forensic examination under the POCSO Act. 2. Severity Assessment: To measure the severity of psychological distress and trauma-related symptoms using validated psychometric instruments. 3. To design, operationalise, and develop a schedule/instrument a "Psychological Disability and Functional Impairment scale" specifically tailored to map clinical trauma to the compensation categories outlined in the POCSO Rules.

	Study Design: Cross-sectional descriptive study. **Population Subjects:** Children (below 18 years) who are victims of offences under the POCSO Act and are undergoing medical or psychiatric evaluation.
13	**Disclosure of psychiatric illness before marriage**
	Research gap: Mental health and marriage are rich areas of research with significant clinical and public health relevance. Below are research ideas across epidemiology, clinical psychiatry, psychology, public health, and social psychiatry, with an emphasis on topics that are feasible for post-graduate dissertations and have publication potential. **Research question:** factors predicting disclosure or non-disclosure of psychiatric illness **Objectives:** explore the factors involved in disclosure **Study design:** cross-sectional/ retrospective
14	**Intimate Partner Violence and Substance Use**
	Research gap: This needs to be updated regularly and not done in different geographical regions. Limited evidence exists on their bidirectional relationship and contextual factors in specific populations, to assist policy making **Research question:** What is the association between intimate partner violence and substance use among the study population? **Objectives:** 1. To determine the prevalence of substance use among individuals experiencing IPV. 2. To examine the association between substance use and IPV. **Study design:** cross-sectional study/ systematic review **PICO/ PEO** - setting/ geography/ age
15	**Sexual Disorders and Divorce**
	Research gap: studies looking at the relationship between sexual disorders and divorce are limited, with not much done exploring causality and psychosocial factors, particularly in diverse cultural settings **Research question:** association between sexual disorders and divorce among married adults? **Objectives:** 1. To assess the prevalence of sexual disorders among divorced and married individuals. 2. To examine the association between sexual disorders and divorce. **Study design:** case–control study/ cross-sectional study (depending on feasibility) **PICO/ PEO:** Population – different settings
16	**Mental health outcomes during the trial period of divorce & post-divorce**
	Research gap: There has been limited work examining mental health outcomes during the trial/separation period of divorce, despite this being a high-risk phase for psychological distress. **Research question:** Mental health outcomes & stress levels among individuals undergoing the trial period of divorce? Factors **Objectives:**

	1. To assess the prevalence of depression, anxiety, stress, and other mental health outcomes during the trial period of divorce. 2. To identify factors associated with adverse mental health outcomes during this period. **Study design:** Cross-sectional study or prospective cohort study
17	**Mental health outcomes of children where parents are going through a divorce**
	Research gap: Not much literature **Research question:** mental health outcomes among children whose parents are undergoing divorce? **Objectives:** 1. To assess the prevalence of mental health problems among children of parents undergoing divorce. 2. To identify factors associated with adverse mental health outcomes in these children. **Study design:** cross-sectional study or prospective cohort study
18	**Assess parental alienation syndrome in children where parents are going through a divorce**
	Research gap: limited work in this area **Research question:** prevalence of parental alienation syndrome among children whose parents are undergoing divorce, and what factors are associated with it? **Objective:** 1. To assess the prevalence of parental alienation syndrome among children of parents undergoing divorce. 2. To identify factors associated with parental alienation syndrome in these children. **Study design:** cross-sectional study
19	**Guardianship and severe illness**
	Research gap: limited work **Research question:** What are the patterns, determinants, and outcomes of guardianship among persons with psychiatric illness? **Objectives:** 1. To assess the prevalence and characteristics of guardianship among persons with psychiatric illness. 2. To identify factors associated with the need for and outcomes of guardianship **Study design:** cross-sectional study or retrospective record review
20	**Testamentary capacity**
	Research gap: limited work **Research question:** cognitive factors involved in testamentary capacity, different domains in cognitive function **Objectives:** explore the association of executive functions/ other cognitive domains with testamentary capacity **Study design:** cross-sectional association study **PICO/ PEO:** adults/ geriatric with dementia/ severe mental illness

21	**Knowledge and attitude of parents towards revealing of their mental illness**
	Research gap: limited literature **Research question:** What are the knowledge and attitudes of parents with mental illness toward revealing their mental illness to their children? **Objectives:** 1. To assess the knowledge and attitudes of parents with mental illness regarding disclosure of their mental illness to their children. 2. To identify factors associated with knowledge and attitudes toward disclosure. **Study design:** cross-sectional study
22	**Knowledge and attitude of parents towards revealing of their mental illness**
	Research gap: Limited evidence exists on voting decision-making capacity among persons with severe mental illness **Research question:** What proportion of persons with severe mental illness have adequate decision-making capacity to exercise their right to vote, and what factors are associated with impaired capacity? If not many participants, then in-depth interviews to assess factors with stakeholders **Objectives:** 1. To assess decision-making capacity for voting among persons with severe mental illness. 2. To identify clinical, cognitive, and sociodemographic factors associated with voting capacity **Study design:** cross-sectional study/ qualitative study. Qualitative study to find factors for not looking into this.
23	**Mental Capacity, Clinical Insight and Severity of Illness among Persons with Psychiatric Disorders**
	Research gap: Very few Indian studies have evaluated decision-making capacity (DMC) after implementation of MHCA-2017. Most studies assess insight alone, not its relationship with mental capacity. Little evidence exists regarding how symptom severity influences treatment capacity. **Research question:** What is the relationship between decision-making capacity, clinical insight, and severity of psychiatric illness among adults with psychiatric disorders? **Aim:** To assess decision-making capacity and examine its association with clinical insight and illness severity. **Objectives** 1. Assess decision-making capacity. 2. Measure clinical insight. 3. Measure severity of illness. 4. Examine correlations between capacity, insight, and severity. 5. Identify predictors of impaired capacity. **Study design:** Cross-sectional analytical study. (can also be a prospective study design, an interventional study design, and objectives will change accordingly) **Population:** Adult psychiatric outpatients and inpatients (18 years and above).

	(Study population can be psychotic disorders, mood disorders, SUDs, neurocognitive disorders, any psychiatric disorders) **Assessment tools:** Capacity Assessment Guidance Document (CAGD) or MacArthur Competence Assessment Tool for Treatment (MacCAT-T), Beck Cognitive Insight Scale (BCIS) or Schedule for Assessment of Insight (SAI), Clinical Global Impression-Severity (CGI-S) Disorder-specific scales: PANSS (schizophrenia), HAM-D, YMRS, HMSE/MoCA (cognition)
24	**Decisional Capacity to Consent to Treatment and Research among Persons with Psychiatric Disorders: A Comparative Study**
	Research gap: The capacity for treatment and research consent is often assumed to be identical. Indian data comparing these domains is scarce. **Research question:** Is decision-making capacity different for treatment consent compared with research consent? **Aim:** To compare treatment consent capacity and research consent capacity. **Objectives** 1. Assess treatment consent capacity. 2. Assess research consent capacity. 3. Compare both capacities. 4. Identify clinical predictors. **Study design:** Cross-sectional comparative study. **Population:** Adults with psychiatric disorders eligible for treatment and hypothetical research participation. **Assessment tools:** MacCAT-T, MacCAT-CR, Capacity Assessment Guidance Document (CAGD), MINI plus or SCID or ICD-11 or DSM-5 diagnosis, CGI-S, BCIS
25	**Decision-Making Capacity for Treatment in Psychiatric and Medical Inpatients**
	Research gap: Capacity impairment is studied mainly in psychiatry. Few Indian studies compare psychiatric and medical wards. **Research question:** Does decision-making capacity differ between psychiatric and medical inpatients? **Aim:** To compare treatment decision-making capacity. **Objectives** 1. Assess capacity in psychiatric inpatients. 2. Assess capacity in medical inpatients. 3. Compare the prevalence of impaired capacity. 4. Identify associated factors. **Study design:** Hospital-based cross-sectional comparative study. **Population:** Psychiatry ward patients and Medicine ward patients **Assessment tools:** MacCAT-T, CAGD, MoCA, CGI-S, Charlson Comorbidity Index (medical patients)
26	**Factors Associated with Decision-making Capacity among Persons with Psychiatric Disorders**

	Research gap: Determinants of impaired capacity remain poorly understood in India. Few multivariable analyses exist. **Research question:** Which demographic and clinical factors independently predict impaired decision-making capacity? **Aim:** To identify determinants of impaired capacity. **Objectives** 1. Assess decision-making capacity. 2. Evaluate demographic variables. 3. Assess illness characteristics. 4. Identify independent predictors. **Study design:** Cross-sectional analytical study. **Population:** Adults attending psychiatric services. **Assessment tools:** MacCAT-T, CAGD, PANSS/HAM-D/YMRS, BCIS, MoCA, WHODAS 2.0, Sociodemographic proforma
27	**Factors Associated with Use of Physical Restraints among Persons with Psychiatric Disorders**
	Research gap: Restraint practices vary across India. Evidence regarding predictors of restraint after MHCA-2017 is limited. **Research question:** Which factors are associated with the use of physical restraints in psychiatric settings? **Aim:** To identify predictors of restraint use. **Objectives** 1. Determine the prevalence of restraint. 2. Identify demographic predictors. 3. Identify clinical predictors. 4. Examine documentation and MHCA compliance. **Study design:** Cross-sectional record review with patient assessment. **Population:** Psychiatric inpatients. **Assessment tools:** Restraint audit checklist, PANSS, BVC (Brøset Violence Checklist) or HSR-20 version 3.0 for violence assessment, Overt Aggression Scale (OAS), CGI-S, and medical record review.
28	**Admissions and Discharges of Persons with Psychiatric Disorders as per the Mental Healthcare Act, 2017**
	Research gap: Limited data describe the implementation of MHCA admission provisions. Compliance with supported admissions has not been adequately studied. **Research question:** Are admissions and discharges being conducted according to MHCA-2017? **Aim:** To evaluate admission and discharge practices as per the provisions of the MHCA 2017. **Objectives:** 1. Describe admission patterns. 2. Classify admissions under MHCA sections. 3. Evaluate discharge procedures.

	4. Assess documentation quality. 5. Identify implementation gaps. **Study design:** Hospital record audit with cross-sectional analysis. **Population:** All admissions over 12 months **Assessment tools:** MHCA compliance checklist, Case record review proforma, Capacity assessment records, Admission register, Discharge documentation checklist
29	**Prevalence and Pattern of Psychiatric and Personality Morbidity among Persons Admitted under Reception Orders**
	Research gap: Contemporary Indian data are scarce. Personality disorders in forensic admissions are often under-recognized. **Research question:** What are the psychiatric and personality disorder profiles among patients admitted under section 102 of MHCA-2017? **Aim:** To determine prevalence and pattern of psychiatric and personality disorders among persons admitted under section 102 of MHCA-2017. **Objectives** 1. Determine psychiatric diagnoses. 2. Assess personality disorders. 3. Describe sociodemographic profile. 4. Examine associations with medico-legal characteristics. **Study design:** Cross-sectional descriptive study. **Population:** Psychiatric patients admitted under section 102 of MHCA-2017. **Assessment tools:** MINI or SCID-5 or ICD-11/DSM-5 diagnosis**,** SCID-5-PD or IPDE (International Personality Disorder Examination), BPRS or PANSS, Socio-demographic and medico-legal proforma
30	**Prevalence and Pattern of Psychiatric and Personality Morbidity among Prisoners Visiting Psychiatric Hospitals**
	Research Gap: Indian prison mental health data are limited and predominantly retrospective. Personality disorders, substance use, and comorbid psychiatric illnesses are often underdiagnosed in prison populations. Few studies comprehensively assess both Axis I and personality disorders among prisoners referred for psychiatric evaluation. **Research Question:** What is the prevalence and pattern of psychiatric and personality disorders among prisoners referred to tertiary psychiatric hospitals? **Aim:** To determine the prevalence and pattern of psychiatric and personality morbidity among prisoners referred for psychiatric assessment. **Objectives** 1. Determine psychiatric diagnoses. 2. Assess prevalence of personality disorders. 3. Describe sociodemographic and offence characteristics. 4. Examine associations between psychiatric morbidity and offence type. **Study Design:** Hospital-based cross-sectional descriptive study. **Population:** Adult prisoners referred from prisons/jails to a psychiatric hospital.

	Assessment Tools: MINI or SCID-5 OR ICD-11 OR DSM-5 diagnosis**,** SCID-5-PD or IPDE, PANSS or SAPS & SANS, or BPRS, HAM-D, YMRS, AUDIT, DAST-10, Columbia Suicide Severity Rating Scale (C-SSRS)
31	**Clinical and Medico-Legal Profile of Forensic Inpatients at a Tertiary Psychiatry Centre**
	Research Gap: Few Indian studies describe forensic psychiatric inpatients following MHCA-2017. Data on legal status, diagnoses, violence history, and treatment outcomes remain limited **Research Question:** What are the clinical and medico-legal characteristics of forensic psychiatric inpatients? **Aim:** To describe the clinical and medico-legal profile of forensic psychiatric inpatients. **Objectives** 1. Describe psychiatric diagnoses. 2. Characterize medico-legal referrals. 3. Describe offences and legal provisions. 4. Assess treatment patterns. 5. Examine factors associated with prolonged hospitalization. **Study Design:** Cross-sectional descriptive study. **Population:** Forensic psychiatry inpatients admitted during the study period. **Assessment Tools:** Case record proforma, MINI plus or SICD or ICD-11 or DSM-5, PANSS or BPRS, HCR-20 Version 3 (violence risk assessment), CGI-S, WHODAS 2.0
32	**Admission and Discharge of Homeless Persons with Psychiatric Disorders Admitted under Reception Orders**
	Research Gap: Homeless persons with mental illness face significant barriers to admission, rehabilitation, and discharge. Limited Indian evidence evaluates implementation of MHCA provisions for this vulnerable group. **Research Question:** What are the clinical characteristics and discharge outcomes of homeless persons admitted under reception orders? **Aim:** To evaluate admission and discharge practices among homeless persons with psychiatric disorders. **Objectives** 1. Describe clinical profile. 2. Assess duration of hospitalization. 3. Determine discharge destinations. 4. Identify barriers to discharge. **Study Design:** Cross-sectional observational study. **Population:** Homeless adults admitted under MHCA reception/support provisions. **Assessment Tools:** WHO Quality Rights Checklist**,** CGI-S, WHODAS 2.0, Capacity Assessment Guidance Document, Social functioning assessment, Case record review
33	**Challenges in Discharging Persons with Psychiatric Disorders Admitted under Reception Orders**
	Research Gap: Little empirical research explores reasons for delayed discharge despite clinical recovery. Administrative and social barriers remain poorly documented.

	Research Question: What are the major barriers to timely discharge of patients admitted under reception orders? **Aim:** To identify clinical, legal, and social barriers affecting discharge. **Objectives** 1. Determine frequency of delayed discharge. 2. Identify causes. 3. Examine caregiver and institutional factors. 4. Suggest strategies to improve discharge planning. **Study Design:** Cross-sectional mixed-methods study (quantitative + qualitative interviews). **Population:** Patients admitted under reception orders and their caregivers. **Assessment Tools:** Semi-structured interview schedule, WHODAS 2.0, Family APGAR, Capacity assessment, MHCA compliance checklist'.
34	**Availability and Utilization of Prison Mental Healthcare Services in India**
	Research Gap: National data on prison mental healthcare infrastructure are scarce. Service utilization, staffing, and barriers remain poorly documented. **Research Question:** What mental healthcare services are available in prisons, and to what extent are they utilized? **Aim:** To assess availability and utilization of prison mental healthcare services. **Objectives** 1. Describe available services. 2. Measure utilization. 3. Identify barriers. 4. Compare facilities across prisons. **Study Design:** Multicentre cross-sectional health systems study. **Population:** Prison medical officers, Psychiatrists, Prison administrators, Prisoners receiving psychiatric care **Assessment Tools:** Structured facility assessment questionnaire, Service utilization proforma.
35	**Awareness of Rights under the Mental Healthcare Act, 2017 among Persons with Mental Illness**
	Research Gap: MHCA-2017 guarantees numerous patient rights, but awareness among service users remains largely unknown. Few validated Indian studies have evaluated patient awareness. **Research Question:** What proportion of persons with mental illness are aware of their rights under MHCA-2017? **Aim:** To assess awareness of rights under MHCA-2017. **Objectives** 1. Measure awareness levels. 2. Identify poorly understood rights. 3. Determine factors associated with better awareness. 4. Assess sources of information.

	Study Design: Cross-sectional questionnaire-based study or can plan for interventional study (pre-post design). **Population:** Adult psychiatric outpatients and stabilized inpatients. **Assessment Tools:** MHCA Rights Awareness Questionnaire (developed/validated)**,** Capacity assessment (CAGD or MacCAT-T or other capacity assessment tool), Insight scale (BCIS or SAI), Sociodemographic questionnaire.
36	**Awareness of Rights of Persons with Mental Illness among Caregivers**
	Research Gap: Caregivers play a central role in treatment decisions, but awareness of MHCA rights has received little attention. Existing literature is sparse and largely descriptive. **Research Question:** What is the level of awareness of MHCA-2017 rights among caregivers of persons with mental illness? **Aim:** To assess caregivers' awareness regarding rights under MHCA-2017. **Objectives** 1. Measure awareness levels. 2. Assess knowledge of nominated representative, advance directive, confidentiality, and informed consent. 3. Identify determinants of better awareness. 4. Recommend educational interventions. **Study Design:** Cross-sectional analytical study. **Population:** Primary caregivers accompanying psychiatric patients. **Assessment Tools:** MHCA Rights Awareness Questionnaire (caregiver version), Family Burden Interview Schedule (FBIS), Zarit Burden Interview (optional), Sociodemographic questionnaire
37	**Mental Capacity, Clinical Insight, and Severity of Illness among Persons with Psychiatric Disorders: A Prospective Study**
	Research Gap: Most published studies assess decision-making capacity (DMC) at a single time point. There is limited evidence on how DMC changes with treatment in Indian patients under MHCA-2017. Recovery trajectories of capacity and their relationship with symptom improvement remain poorly understood. **Research Question:** How do decision-making capacity, clinical insight, and illness severity change over the course of psychiatric treatment, and are improvements in insight associated with recovery of decision-making capacity? **Aim:** To prospectively evaluate changes in decision-making capacity, clinical insight, and illness severity during treatment. **Objectives** 1. Assess baseline decision-making capacity. 2. Measure changes in capacity over follow-up. 3. Assess changes in clinical insight. 4. Measure changes in illness severity. 5. Examine whether improvement in insight predicts recovery of decision-making capacity. 6. Identify baseline predictors of persistent incapacity.

	Study Design: Prospective longitudinal cohort study. Follow-up points: Baseline, 2 weeks, 6 weeks, 3 months and 6 months (optional) **Population:** Adults (18 years and above) diagnosed with psychiatric disorders who have impaired decision-making capacity at baseline. **Assessment Tools:** Capacity Assessment Guidance Document (CAGD) or MacArthur Competence Assessment Tool for Treatment (MacCAT-T), Beck Cognitive Insight Scale (BCIS), Schedule for Assessment of Insight (SAI), PANSS, HAM-D, YMRS, CGI-S, HMSE, MoCA, WHODAS 2.0 **Statistical Analysis (as applicable):** Repeated Measures ANOVA, Linear Mixed Models, Generalized Estimating Equations (GEE), Kaplan-Meier analysis (time to regain capacity), Cox regression (predictors) **Expected Outcomes:** Rate of recovery of decision-making capacity, Time required for recovery, Clinical predictors, Relationship between insight and capacity
38	**Factors Associated with Recovery of Decision-Making Capacity among Persons with Psychiatric Disorders (Recovery Trajectories of Decision-Making Capacity)**
	Research Gap: Recovery of capacity has rarely been studied longitudinally. Existing studies focus on prevalence rather than predictors. No robust Indian prediction model currently exists. **Research Question:** Which demographic and clinical factors predict recovery of decision-making capacity over time? **Aim:** To identify predictors of recovery of decision-making capacity during psychiatric treatment **Objectives:** 1. Measure decision-making capacity at baseline. 2. Determine proportion regaining capacity. 3. Identify demographic predictors. 4. Identify illness-related predictors. 5. Develop a prediction model for recovery. **Study Design:** Prospective cohort study. **Population:** Patients admitted with impaired decision-making capacity. Follow-up: Admission, 2 weeks, 1 month, 3 months **Assessment Tools:** CAGD Or MacCAT-T, PANSS, HAM-D, YMRS, BCIS, WHODAS 2.0, MoCA, Medication Adherence Rating Scale (MARS), Multidimensional Scale of Perceived Social Support (MSPSS) **Statistical Analysis (as applicable):** Primary outcome: Recovery of capacity. Methods: Logistic regression, Cox proportional hazards regression, Survival analysis, ROC curve, Multivariable prediction model **Expected Outcomes:** Independent predictors such as: Age, Diagnosis, Cognitive impairment, Symptom severity, Insight, Medication adherence, Family support.
39	**Clinical and Medico-Legal Profile of Forensic Inpatients at a Tertiary Psychiatry Centre: An Ambispective Study**
	Research Gap: Most forensic psychiatry studies are retrospective. Prospective follow-up after admission is uncommon. Long-term legal and clinical outcomes are poorly documented.

	Research Question: What are the clinical characteristics, medico-legal profiles, and treatment outcomes of forensic psychiatric inpatients over time? **Aim:** To evaluate clinical, legal, and functional outcomes of forensic psychiatric inpatients using an ambispective design. **Objectives** 1. Describe retrospective clinical characteristics. 2. Describe medico-legal characteristics. 3. Prospectively assess treatment outcomes. 4. Identify predictors of prolonged admission. 5. Assess discharge outcomes. 6. Assess readmission and legal outcomes. **Study Design:** Ambispective cohort study. Retrospective component: Review records from the previous 5–10 years. Prospective component: Follow newly admitted forensic patients for 6–12 months. **Population:** Forensic psychiatry inpatients admitted under court orders, prison referrals, or other medico-legal provisions **Assessment Tools:** MINI plus or SCID-5 or DSM-5 or ICD-11 diagnosis, PANSS, BPRS, CGI-S, HCR-20 Version 3 for violence risk assessment, Modified Overt Aggression Scale (MOAS), WHODAS 2.0, BCIS, CAGD or MacCAT-T, WHOQOL-BREF, For Legal variables: Structured medico-legal proforma, Court records, Hospital records. **Statistical Analysis:** Retrospective: Descriptive statistics, Chi-square, Logistic regression Prospective: Repeated Measures ANOVA, Mixed-effects models, Cox regression, Kaplan-Meier survival curves **Expected Outcomes:** Diagnostic profile**,** Violence risk factors, Length of stay, Readmission rates, Functional recovery, Legal outcomes, Factors predicting successful community reintegration.
40	**Cross-validation Study of the Capacity Assessment Guidance Document (CAGD) with the MacArthur Competence Assessment Tool for Treatment (MacCAT-T)**
	Background: The Capacity Assessment Guidance Document (CAGD) has been proposed as a practical tool for assessing decision-making capacity in India under the Mental Healthcare Act, 2017. However, there is limited evidence comparing it against the internationally accepted MacCAT-T, which is considered the reference standard. **Research Gap:** No comprehensive Indian validation of CAGD against MacCAT-T. Existing studies have small sample sizes. Inter-rater reliability and diagnostic accuracy are not well established. Clinicians need a brief, culturally appropriate capacity assessment tool. **Research Question:** Is the Capacity Assessment Guidance Document a valid and reliable tool for assessing treatment decision-making capacity when compared with the MacArthur Competence Assessment Tool for Treatment **Aim:** To evaluate the validity and reliability of the Capacity Assessment Guidance Document using the MacCAT-T as the reference standard.

	Objectives: Primary Objective: To determine the criterion validity of the CAGD using MacCAT-T as the reference standard. Secondary Objectives: 1. Assess inter-rater reliability. 2. Assess intra-rater reliability. 3. Evaluate internal consistency (if applicable). 4. Determine sensitivity and specificity. 5. Determine positive and negative predictive values. 6. Evaluate agreement between CAGD and MacCAT-T. 7. Assess feasibility (time taken, ease of administration, clinician acceptability). **Study Design:** Prospective methodological validation study. **Population:** Adult psychiatric patients (18 years and above) from outpatient and inpatient services. **Assessment Tools** Index Test: Capacity Assessment Guidance Document (CAGD) Reference Standard: MacArthur Competence Assessment Tool for Treatment (MacCAT-T) Other measures: MoCA or HMSE, PANSS, HAM-D, YMRS, CGI-S, Beck Cognitive Insight Scale (BCIS) **Statistical Analysis** Reliability: Cohen's Kappa, Weighted Kappa, Intraclass Correlation Coefficient (ICC) Internal Consistency: Cronbach's Alpha Validity: Pearson/Spearman correlation; ROC curve; Area Under Curve (AUC) Sensitivity, Specificity, PPV, NPV, Likelihood Ratios Agreement: Bland–Altman plot (if continuous scoring); Kappa statistics **Expected Outcomes:** Validity of CAGD, Reliability estimates, Recommended cut-off scores, Average administration time, Practical recommendations for MHCA implementation.
41	**Reliability and Validity of the Rights of Persons with Mental Illness Questionnaire (Development and Psychometric Validation of an MHCA-2017 Rights Awareness Questionnaire)**
	This study is particularly valuable because India currently lacks a widely accepted, standardized instrument to assess awareness of rights guaranteed under MHCA-2017. **Research Gap:** No standardized Indian questionnaire comprehensively measures awareness of MHCA-2017 rights. Existing surveys are locally developed and often lack psychometric validation. Reliable tools are needed for research, quality improvement, and policy evaluation. **Research Question:** Is a newly developed MHCA Rights Awareness Questionnaire a valid and reliable instrument for measuring awareness of rights among persons with mental illness? **Aim:** To develop and validate a Rights Awareness Questionnaire based on the Mental Healthcare Act, 2017. **Objectives**

	Phase I – Tool Development 1. Generate questionnaire items from MHCA-2017. 2. Conduct expert review. 3. Assess content validity. 4. Translate and back-translate (if multilingual). Phase II – Validation 5. Assess construct validity. 6. Assess criterion validity (if a comparator exists). 7. Assess internal consistency. 8. Assess test–retest reliability. 9. Assess feasibility and acceptability. **Study Design:** Methodological instrument development and validation study. **Population:** Adults with mental illness who are clinically stable and able to participate. A separate caregiver validation sample can also be included. **Tool Development Process** Step 1 (Literature review) → Step 2 (Draft item pool) → Step 3 (Expert review) → Step 4 (Content validity) → Step 5 (Pilot testing) → Step 6 (Main validation study) → Step 7 (Psychometric analysis) → Step 8 (Final questionnaire) **Domains That Can Be Included:** Right to access mental healthcare, Right to community living, Right to informed consent, Right to confidentiality, Right to advance directive, Right to nominate a representative, Right to legal aid, Right to information, Right to dignity, Protection from inhuman treatment, Access to medical records, Emergency treatment provisions. **Statistical Analysis**: • Content Validity: Content Validity Index (CVI), Content Validity Ratio (CVR) Reliability: Cronbach's Alpha, McDonald's Omega (if feasible), ICC, Test–retest reliability • Construct Validity: Exploratory Factor Analysis (EFA), Confirmatory Factor Analysis (CFA), if an independent validation sample is available • Item Analysis: Item-total correlation, Floor and ceiling effects **Expected Outcomes:** A validated MHCA Rights Awareness Questionnaire**,** Domain structure**,** Reliability estimates, Normative scores, Recommended scoring system
42	**A Review of the Literature on Capacity Assessment Tools within Mental Health Practice**
	Research Gap: Numerous capacity assessment tools exist worldwide. No comprehensive review focuses on their applicability to the Indian context and MHCA-2017. Comparative information regarding psychometric properties, feasibility, and clinical utility is lacking. **Research Question:** What assessment tools are available for evaluating decision-making capacity in mental health practice, and what are their strengths, limitations, and applicability to India? **Aim:** To systematically review capacity assessment tools used in mental health practice.

	Objectives: 1. Identify all published capacity assessment tools. 2. Compare theoretical frameworks. 3. Compare psychometric properties. 4. Assess feasibility in routine clinical practice. 5. Evaluate applicability under MHCA-2017. 6. Identify gaps requiring future tool development. **Study Design:** Systematic Review. **Population:** Published studies involving: • Adults with psychiatric disorders • Older adults • Neurological disorders • Cognitive disorders • Medical patients **Assessment Tools to Review** Examples include: • MacArthur Competence Assessment Tool for Treatment (MacCAT-T) • Capacity Assessment Guidance Document (India) • Aid to Capacity Evaluation (ACE) • Hopkins Competency Assessment Test (HCAT) • UBACC (University of California Brief Assessment of Capacity to Consent) • Competency Interview Schedule **Databases (at least 2 and one Grey literature)** PubMed, Embase, PsycINFO, Scopus, Web of Science, Cochrane Library, Grey literature: BASE, Google Scholar (supplementary) **Outcomes:** Extract: Domains assessed, Administration time, Reliability, Validity, Cultural adaptation, Clinical usefulness **Quality Assessment** COSMIN Risk of Bias Checklist (for measurement properties) JBI Critical Appraisal Checklist (where appropriate) **Expected Outcome:** A comprehensive comparison of all capacity assessment tools and recommendations for MHCA-2017 implementation.
43	**Systematic Review of Assessment Tools for Decision-Making Capacity for Treatment**
	Research Gap: Capacity assessment tools have expanded rapidly. No recent systematic review specifically evaluates tools used for treatment decision-making. Comparative psychometric evidence is fragmented. **Research Question:** Which assessment tools demonstrate the best validity and reliability for evaluating treatment decision-making capacity? **Aim:** To systematically evaluate assessment tools used for treatment decision-making capacity. **Objectives**

	1. Identify available tools. 2. Evaluate reliability. 3. Evaluate validity. 4. Compare diagnostic accuracy. 5. Recommend the most appropriate tools for different clinical settings. **Study Design:** Systematic Review. **Population:** Adults with: Schizophrenia, Bipolar disorder, Depression, Dementia, Delirium, Medical illnesses **Main Outcomes:** Compare: Sensitivity, Specificity, AUC, Reliability, Administration time, Ease of use, Training requirements **Quality Assessment:** COSMIN, QUADAS-2 (if diagnostic accuracy studies are included), ROBIS (for review quality, where relevant) **Expected Outcome:** Evidence-based recommendations for selecting decision-making capacity assessment tools across clinical settings.
44	**Decisional Capacity for Treatment in Persons with Psychiatric Disorders: An Updated Systematic Review and Meta-analysis**
	This is the highest-level evidence study among all the topics. **Research Gap:** Existing reviews are now outdated. New studies have been published following MHCA-2017 and similar legislative reforms internationally. No recent pooled estimates of impaired treatment decision-making capacity across psychiatric disorders. **Research Question:** What is the pooled prevalence of impaired treatment decision-making capacity among persons with psychiatric disorders, and what factors are associated with impaired capacity? **Aim:** To conduct an updated systematic review and meta-analysis on treatment decision-making capacity among psychiatric patients. **Objectives** 1. Estimate pooled prevalence of impaired decision-making capacity. 2. Compare prevalence across psychiatric diagnoses. 3. Identify factors associated with impaired capacity. 4. Assess methodological quality. 5. Evaluate publication bias. 6. Identify evidence gaps. **Study Design:** Systematic Review with Meta-analysis. **Population:** Adults with psychiatric disorders, including Schizophrenia spectrum disorders, Bipolar disorder, Major depressive disorder, Anxiety disorders, Substance use disorders, Personality disorders **Outcomes:** Primary: Pooled prevalence of impaired decision-making capacity. Secondary: Associations with insight, Cognitive function, Symptom severity, Age, Diagnosis, Treatment setting **Statistical Analysis** Software: RevMan, R (packages such as meta or metafor), Stata (optional)

	Methods: Random-effects meta-analysis / Fixed-effects sensitivity analysis, Heterogeneity (I^2, Cochran's Q), Meta-regression (if sufficient studies), Subgroup analyses, Funnel plots, Egger's test, Leave-one-out sensitivity analysis **Quality Assessment:** ROB 2 (for randomized studies, if included), ROBINS-I (for non-randomized studies) Newcastle–Ottawa Scale (for observational studies), GRADE (certainty of evidence) **Expected Outcomes:** Global pooled prevalence estimates, Disorder-specific prevalence, Predictors of impaired capacity, Recommendations for clinical practice and MHCA-2017 implementation
45	**Determinants of Disability Certification among Persons with Severe Mental Illness**
	Research Gap: Despite eligibility, many persons with severe mental illness (SMI) do not obtain disability certificates. Indian studies have not comprehensively examined patient-, caregiver-, and system-level determinants of certification. **Research Question:** What demographic, clinical, and health-system factors determine disability certification among persons with severe mental illness? **Aim:** To identify determinants associated with obtaining psychiatric disability certification. **Objectives** 1. Estimate the proportion of eligible patients who possess a disability certificate. 2. Identify sociodemographic and clinical determinants. 3. Assess healthcare access and referral patterns. 4. Identify barriers to certification. **Study Design:** Cross-sectional analytical study. **Population:** Adults (18–65 years) with schizophrenia, bipolar disorder, OCD, or other eligible severe mental illnesses attending psychiatry services. **Assessment Tools:** Indian Disability Evaluation and Assessment Scale (IDEAS), WHODAS 2.0, PANSS / YMRS / HAM-D, Sociodemographic and health-service questionnaire.
46	**Caregiver Perspectives and Unmet Needs Regarding Psychiatric Disability Certification**
	Research Gap: Caregiver experiences with the certification process are poorly studied. Administrative, financial, and informational barriers are not well characterized. **Research Question:** What are caregivers' perceptions, unmet needs, and barriers regarding psychiatric disability certification? **Aim:** To assess caregiver perspectives and unmet needs related to disability certification. **Objectives** 1. Explore caregiver knowledge. 2. Identify barriers. 3. Assess satisfaction with certification services. 4. Recommend service improvements. **Study Design:** Cross-sectional mixed-methods study. **Population:** Primary caregivers of persons with severe mental illness.

	Assessment Tools: Semi-structured interview guide**,** Family Burden Interview Schedule (FBIS) Zarit Burden Interview, Caregiver Needs Assessment Questionnaire
47	**Lived Experience of Caregivers of Persons with Disability due to Mental Illness**
	Research Gap: Few qualitative studies explore the lived experiences of caregivers after disability certification. **Research Question:** What are the lived experiences of caregivers caring for persons with psychiatric disability? **Aim:** To explore caregivers' lived experiences. **Objectives** 1. Explore caregiving experiences. 2. Understand psychosocial challenges. 3. Identify coping strategies. 4. Generate recommendations for caregiver support. **Study Design:** Qualitative phenomenological study. **Population:** Primary caregivers of certified psychiatric disability beneficiaries. **Assessment Tools:** In-depth interview guide**,** Audio-recorded interviews**,** Field notes**,** Reflexive journal Analysis: Thematic analysis or Interpretative Phenomenological Analysis (IPA).
48	**Utilization of Disability Benefits among Persons with Mental Illness and Caregivers**
	Research Gap: Many certified individuals do not utilize available government benefits. Indian data on utilization patterns and barriers are limited. **Research Question:** What proportion of persons with psychiatric disability utilize available benefits, and what factors influence utilization? **Aim:** To evaluate utilization of disability-related benefits. **Objectives** 1. Determine utilization rates. 2. Identify commonly used benefits. 3. Identify barriers. 4. Examine the association between benefit utilization and quality of life. **Study Design:** Cross-sectional analytical study. **Population:** Persons with certified psychiatric disability and their caregivers. **Assessment Tools:** IDEAS, WHODAS 2.0, WHOQOL-BREF, Structured benefit utilization questionnaire.
49	**Barriers in the Application Process and Certification of Disability among Persons with Psychiatric Disorders**
	Research Gap: Administrative barriers have not been systematically studied across India. Patient, caregiver, and provider perspectives are lacking. **Research Question:** What barriers are encountered during the application and certification process for psychiatric disability? **Aim:** To identify barriers in obtaining psychiatric disability certification. **Objectives** 1. Describe administrative barriers.

	2. Assess patient-related barriers. 3. Assess institutional barriers. 4. Recommend service improvements. **Study Design:** Cross-sectional mixed-methods study. **Population:** Applicants for psychiatric disability certification, caregivers, and certifying clinicians. **Assessment Tools:** Semi-structured questionnaire, Satisfaction scale, Key informant interviews, Process mapping checklist
50	**Disability among Persons with Psychiatric Disorders: A Comparative Study**
	Research Gap: Comparative disability across psychiatric diagnoses has not been extensively evaluated in India. **Research Question:** Does disability differ across major psychiatric disorders? **Aim:** To compare disability across diagnostic groups. **Objectives** 1. Measure disability in different psychiatric disorders. 2. Compare functional impairment. 3. Identify predictors of severe disability. **Study Design:** Cross-sectional comparative study. **Population:** Patients with schizophrenia, bipolar disorder, depression, OCD, etc. **Assessment Tools:** IDEAS, WHODAS 2.0, PANSS, HAM-D, YMRS, CGI-S
51	**Relationship between Decision-Making Capacity and Disability among Persons with Psychiatric Disorders**
	Research Gap: The relationship between legal capacity (MHCA-2017) and disability (RPWD Act, 2016) has rarely been studied. This topic bridges two important mental health legislations. **Research Question:** Is impaired decision-making capacity associated with greater psychiatric disability? **Aim:** To examine the association between decision-making capacity and psychiatric disability. **Objectives** 1. Assess decision-making capacity. 2. Measure psychiatric disability. 3. Evaluate correlations. 4. Identify independent predictors of disability. **Study Design:** Cross-sectional analytical study. **Population:** Adults with severe mental illness. **Assessment Tools:** Capacity Assessment Guidance Document (CAGD) or MacCAT-T, IDEAS, WHODAS 2.0, BCIS, PANSS/HAM-D/YMRS, MoCA
52	**Capacity Assessment among Persons Seeking Disability Certification**
	Research Gap: Capacity assessment is not routinely integrated into disability certification despite potential relevance for supported decision-making. **Research Question:** What is the prevalence of impaired decision-making capacity among persons seeking psychiatric disability certification?

	Aim: To assess decision-making capacity in individuals presenting for psychiatric disability certification. **Objectives** 1. Estimate the prevalence of impaired capacity. 2. Compare capacity across diagnoses. 3. Identify predictors of impaired capacity. **Study Design:** Cross-sectional observational study. **Population:** Adults attending psychiatric disability certification boards. **Assessment Tools:** MacCAT-T or CAGD, IDEAS, WHODAS 2.0, BCIS, PANSS/HAM-D/YMRS,
53	**Impact of Disability Certification on Medication Adherence and Relapse among Persons with Psychiatric Disorders**
	Research Gap: There is little evidence on whether disability certification improves long-term clinical outcomes. **Research Question:** Does obtaining psychiatric disability certification improve medication adherence and reduce relapse? **Aim:** To evaluate the impact of disability certification on treatment outcomes. **Objectives** 1. Compare medication adherence before and after certification (or between certified and non-certified groups). 2. Compare relapse rates. 3. Assess hospitalization frequency. 4. Assess quality of life. **Study Design:** Prospective cohort study (preferred) or retrospective cohort. **Population:** Persons with severe mental illness eligible for disability certification. **Assessment Tools:** Medication Adherence Rating Scale (MARS), IDEAS, WHODAS 2.0, WHOQOL-BREF, Hospital records for relapse/readmission.
54	**Caregiver Burden and Quality of Life among Caregivers of Persons with Disability due to Mental Illness**
	Research Gap: Although caregiver burden has been widely studied, the influence of certified psychiatric disability status on caregiver outcomes is less understood. **Research Question:** What is the relationship between caregiver burden and quality of life among caregivers of persons with psychiatric disabilities? **Aim:** To assess caregiver burden and quality of life. **Objectives** 1. Measure caregiver burden. 2. Measure caregiver quality of life. 3. Identify determinants of high burden. 4. Examine the relationship between burden and quality of life. **Study Design:** Cross-sectional analytical study. **Population:** Primary caregivers of persons with certified psychiatric disability. **Assessment Tools:** Zarit Burden Interview, FBIS, WHOQOL-BREF, MSPSS (optional)
55	**Unfitness to stand trial and its outcome in remand prisoners referred for evaluation.**

	Research Gap: Most literature on fitness to stand trial (competency to stand trial) originates from high-income countries, with well-established legal frameworks. In many low- and middle-income countries, data on the prevalence, clinical correlates, and legal/psychiatric outcomes of remand prisoners referred for fitness evaluation remain scarce or outdated. **Aim:** To study the socio-demographic and clinical profile of remand prisoners referred for evaluation of fitness to stand trial, and to determine the outcome of such evaluations. **Objectives:** 1. To study the socio-demographic profile of remand prisoners referred for fitness-to-stand-trial evaluation. 2. To study the clinical profile (psychiatric diagnosis, illness duration, treatment history, and comorbidities) of remand prisoners referred for evaluation. 3. To determine the proportion of remand prisoners found "fit" versus "unfit" to stand trial. 4. To identify the socio-demographic and clinical factors associated with a finding of unfitness to stand trial. 5. To study the outcome of remand prisoners found unfit to stand trial **Population:** Remand prisoners referred for psychiatry consultation **Study design:** Prospective, follow-up study.
56	**Continuity of care of prisoners after discharge – outcomes and relapse rates**
	Research gap: Most existing studies focus either on prison health services or community reintegration in isolation, with limited research examining the continuity/handoff process between the two systems as a distinct variable affecting outcomes. There is a lack of context-specific data (especially from India and other LMIC settings) on relapse rates. **Aim:** To examine the continuity of care provided to prisoners after discharge and its association with health, psychosocial, and relapse outcomes, in order to identify gaps and inform strategies for improving post-release care coordination. **Objectives:** 1. To assess the extent and quality of discharge planning and continuity-of-care arrangements (medical, psychiatric, and substance-use treatment referrals) provided to prisoners prior to release. 2. To determine the rate and pattern of relapse among discharged prisoners over a defined follow-up period. 3. To identify individual, systemic, and social factors that predict successful continuity of care versus care discontinuation. **Study design:** Prospective, follow-up study.
57	**Malingering in persons referred for psychiatry evaluation**
	Research gap: Malingering is a recurrent diagnostic challenge in psychiatric practice, particularly in settings involving medico-legal, forensic, disability, insurance, and employment-related referrals. Despite its clinical and legal significance, several gaps remain in the existing literature like limited data, lack of region-specific data, absence of consensus on clinical red flags and risk of both over and underdiagnosis.

	Aim: To study the prevalence, clinical profile, and identifying characteristics of malingering among persons referred for psychiatric evaluation. **Objectives:** 1. To determine the prevalence of malingering (real and superimposed) among patients referred for psychiatric evaluation. 2. To study the sociodemographic profile of patients identified as malingering. 3. To identify the common psychiatric symptoms/syndromes feigned or exaggerated by malingering patients. 4. To identify the underlying motives or secondary gains associated with malingering. 5. To assess the association between malingering and sociodemographic/clinical variables. **Study design:** Cross-sectional study
58	**Substance use disorders among young prisoners**
	Research gap: Substance use disorders are consistently reported as disproportionately high among incarcerated populations compared to the general community, with young prisoners (typically defined as ages 18–25, sometimes extending to juveniles) representing a particularly vulnerable subgroup. **Aim:** To investigate the prevalence, risk factors, and treatment/management gaps associated with substance use disorders among young prisoners, with a view to informing targeted screening and rehabilitation interventions. **Objectives:** **1.** To determine the prevalence and patterns of substance use disorders among young prisoners in the study setting. **2.** To identify the socio-demographic and psychosocial risk factors associated with SUDs in this population. **3.** To assess the prevalence of co-occurring mental health disorders among young prisoners with SUDs and examine the nature of this comorbidity. **4.** To evaluate existing screening, treatment, and rehabilitation services available within the correctional facility/facilities for addressing substance use among young inmates. **Study design:** Cross-sectional study
59	**Judicial outcome related to Insanity defense in India.**
	Research gap: Most literature discusses Section 22 BNS, which corresponds to Section 84 of the repealed IPC, in terms of its legal principle and mens rea rationale, but very little empirical work tracks how judicial outcomes (acquittal rates, conviction rates, referral to mental health institutions) have actually shifted across decades of case law. **Aim:** To critically examine how Indian courts have interpreted and applied the insanity defense (Section 84 IPC / Section 22 BNS) and to analyze the patterns, consistency, and adequacy of judicial outcomes in insanity-defense cases, with a view to identifying gaps between legal doctrine, psychiatric evidence, and actual case outcomes. **Objectives:**

	1. To analyze landmark and recent judicial pronouncements to identify the tests and standards courts apply in determining "unsoundness of mind" at the time of the offense. 2. To assess how courts weigh psychiatric/medical testimony against circumstantial and behavioral evidence. 3. To identify inconsistencies or disparities in judicial outcomes across similar fact patterns, offense types, and jurisdictions, and to explore possible causes. **Study Design:** Cross-sectional study
60	**Cognitive impairment in long standing prisoners.**
	Research gap: Existing literature on incarceration and cognition tends to fall into a few narrow strands: general prevalence studies of neuropsychological deficits in prison populations, studies on ageing prisoners and dementia risk, and work on the mental health burden of incarceration. What is comparatively underexplored is the specific, cumulative effect of prolonged imprisonment itself on cognitive domains such as memory, attention, executive function, and processing speed. **Aim:** To assess the prevalence and pattern of cognitive impairment among long-standing prisoners and examine its relationship with duration of incarceration and associated sociodemographic, clinical, and institutional factors. **Objectives:** 1. To assess cognitive functioning in long-term incarcerated individuals using standardized neuropsychological assessment tools. 2. To compare cognitive performance between long-term prisoners and a comparison group (short-term/recently incarcerated prisoners, or matched community controls). 3. To examine the association between duration of imprisonment and the severity/pattern of cognitive impairment. 4. To identify sociodemographic factors (age, education, occupation) and clinical factors (substance use history, psychiatric comorbidity, physical health status) associated with cognitive impairment in this population. 5. To explore institutional/environmental contributors that may mediate cognitive decline during incarceration. **Study design:** Cross-sectional study
61	**Unmet mental health needs and barriers to psychiatry care in prison settings**
	Research gap: Despite extensive documentation that incarcerated populations have disproportionately high rates of mental illness compared to the general population, there remains a persistent gap between the documented burden of psychiatric morbidity in prisons and the actual delivery of adequate mental health care. **Aim:** To assess the extent of unmet mental health needs among incarcerated individuals and to identify the systemic, institutional, and individual-level barriers that limit access to psychiatric care within prison settings. **Objectives:** 1. To estimate the prevalence and nature of mental health needs among the prison population under study.

	2. To assess the extent to which identified mental health needs are currently being met through existing prison psychiatric/mental health services. 3. To identify institutional and systemic barriers to psychiatric care access. 4. To examine the role of custodial and administrative factors (e.g., security protocols, overcrowding, staff training) in shaping mental health service delivery. **Study design:** Cross-sectional study
62	**Profile of prisoners arrested under NDPS Act.**
	Research gap: Substance use disorders and their intersection with the criminal justice system represent a significant public health concern in India, particularly with increasing arrests under the Narcotic Drugs and Psychotropic Substances (NDPS) Act, 1985. While several studies have examined substance use patterns in the general population and among prisoners broadly, a few specific gaps remain. Studies can address these gaps by generating a comprehensive sociodemographic and clinical profile of prisoners arrested under the NDPS Act, thereby informing targeted interventions, rehabilitation strategies, and policy decisions. **Aim:** To study the sociodemographic and clinical profile of prisoners arrested under the NDPS Act. **Objectives:** 1. To assess the sociodemographic profile of prisoners arrested under the NDPS Act. 2. To study the legal/offence-related characteristics, including the type of substance involved, quantity, nature of offence, duration of incarceration, and history of prior arrests/convictions. 3. To evaluate the pattern of substance use among these prisoners. 4. To assess the prevalence of psychiatric comorbidities among prisoners arrested under the NDPS Act using standardized diagnostic tools. 5. To determine the history of prior treatment-seeking for substance use (de-addiction treatment, counselling, hospitalization) and its outcomes. 6. To assess the family history of substance use and psychiatric illness among the study population. **Study design:** Cross-sectional descriptive study
63	**Stress, burnout and mental well-being of prison staff.**
	Research gap: Prison staff operate in one of the most psychologically demanding occupational environments, characterized by constant exposure to violence, overcrowding, understaffing, hostage risk, and rigid hierarchical control. Despite growing global attention to occupational stress in high-risk professions such as policing, healthcare, and the military, prison staff remain comparatively under-researched. **Aim:** To investigate the levels, sources, and interrelationship of occupational stress, burnout, and mental well-being among prison staff. **Objectives:** 1. To assess the prevalence and severity of occupational stress and burnout among prison staff.

	2. To evaluate the current state of mental well-being among prison staff using standardized psychological measures. 3. To identify the key organizational stressors and individual factors (e.g., age, gender, years of service, rank/role) associated with stress and burnout. 4. To compare stress, burnout, and mental well-being outcomes across different staff categories and demographic groups. 5. To explore the coping mechanisms and support systems currently used by prison staff to manage occupational stress. **Study design:** Cross-sectional descriptive study
64	**Comparison of life satisfaction of older people living at an old age home with older people living in a family home**
	Research gap: Digital skills can prevent older adults from accessing online communication, healthcare services, financial resources, and social support networks, leading to feelings of exclusion and dependency. Digital loneliness arises when seniors are unable to maintain meaningful connections through digital platforms, particularly when family members live far away. This isolation can contribute to depression, anxiety, reduced self-esteem, and a lower quality of life. **Objectives:** • Perceived family support • Control over life • Comorbidity • Death Anxiety • Resilience **Study Design:** Data collection instrument administered to both groups (comparative study) **Population (P):** Individuals above 60 years of age **Exposure (E):** Self-reporting questionnaire **Outcome (O):** To understand the pros and cons of institutional living vs family home living **Tool:** Older People's Quality of Life Questionnaire (OPQOL-35)
65	What are the psychological impacts of pervasive digital surveillance through smartphones and social media on individuals' autonomy and well-being?
	Research gap: Though often invisible, emotionally abusive behaviours are a type of domestic violence. An abuser's persistent criticism, humiliation, intimidation, manipulation, isolation, and restricting financial control to hinder a person's independence and decision-making can be a type of emotional abuse. Such behaviours can cause anxiety, depression, low self-esteem, helplessness, and enduring psychological trauma for the victim, significantly impairing overall well-being and family relationships. Digital surveillance of the victim and the perpetrator. Modern forms of control through smartphones, social media, GPS tracking, and digital surveillance by a loved one **Objectives:**

	• To examine the role of smartphones, social media, and GPS technologies in shaping contemporary social control. • To explore the effects of digital surveillance on privacy and individual autonomy. • To analyse how continuous digital monitoring promotes self-regulation and behavioural conformity. **Study Design:** both to be assessed Self report (exploratory study) **Population (P):** Young Adults (25-40 years) **Exposure (E):** Anxiety, depression, low self-esteem, helplessness, enduring psychological trauma, overall well-being, relationships, decision-making **Outcome (O):** To understand the long-term impact of digital surveillance by a significant other.
66	**What are healthcare professionals' perceptions of the challenges involved in implementing the Transplantation of Human Organs Act, 1994, in clinical practice?**
	Research gap: Public awareness and understanding of the Act, particularly in rural and marginalized communities. The psychological experiences of donors, recipients, and their families, including issues of stigma, emotional adjustment, and long-term well-being. Healthcare professionals' perspectives regarding the implementation challenges of the Act. **Objectives:** • To identify the major challenges faced by healthcare professionals in implementing the THOA Act. • To explore ethical and institutional factors affecting compliance with the Act. • To suggest measures for strengthening the implementation of organ transplantation regulations in India. **Study Design:** Exploratory study (can be qualitative) **Population (P):** Healthcare workers involved in the implementation of THOA Act **Exposure (E):** Knowledge, attitude, perception, belief (KAPB) **Outcome (O):** To gather a census of healthcare workers' perspective on THOA Act, 1994
67	**How does gender-affirming surgery influence societal perceptions and acceptance of transgender individuals?**
	Research gap: Attitude after gender-affirming surgery. **Objectives:** • To assess public perceptions of transgender individuals after gender-affirming surgery. • To examine the influence of gender-affirming surgery on societal acceptance of transgender persons. • To identify factors associated with positive and negative attitudes toward transgender individuals following gender-affirming surgery. **Study Design:** Survey method **Population (P):** Community transgender sample

	Exposure (E): KAPB **Outcome (O):** To examine the public attitude towards gender-affirming surgery
68	**To understand the support mechanisms that facilitate resilience and adaptation amongst family members.**
	Research gap: The impact of HIV on family roles, intimate partnerships, and caregiving dynamics. **Objectives:** • To identify the support mechanisms utilized by intimate partners affected by HIV. • To examine the role of social and healthcare support in fostering resilience within these relationships. • To explore coping and adaptation strategies that contribute to relationship well-being and stability. **Study Design:** Qualitative study **Population (P):** Family and friends of people with HIV AIDS **Exposure (E):** KAPB **Outcome (O):** To improve literature on coping and adaptation skills
69	**How do perceived threats and risk assessments influence the psychological meaning attached to firearm ownership?**
	Research gap: The psychological motivations underlying firearm ownership, including perceptions of security, identity, and risk. **Objectives:** • To assess perceived threats and their association with firearm ownership. • To examine how individuals' risk assessments influence attitudes toward firearms. • To explore the psychological meanings of security, control, and identity attached to firearm ownership. **Study Design:** Self report instruments **Population (P):** Individual with gun ownership **Exposure (E):** Mental health status and community outlook **Outcome (O):** Psychology behind the desire to own firearms
70	**Some more studies that can be considered**
	a) Digital surveillance of victim and perpetrator b) Access to health by LGBTQ individuals c) Challenges in getting certificate for gender change d) Quality of Life before and after surgery in gender dysphoria e) Legal difficulties faced by a transgender f) Legal issues in HIV positive patients g) Knowledge about HIV Act h) Safe sex practices in people with HIV/AIDS i) Occupational barriers among transgenders/HIV AIDS j) Schedule for fitness to firearm possession